FAX

R. J. Reynolds Tobacco Co.
400 Raritan Center Parkway
Edison, N.J. 08837

Date 2/7/97

Number of pages including cover sheet 9

To:

Don Fitzgerald

Phone

Fax Phone 910-741-4606

CC: Mark Young

From:

Lanny Wolfe

Phone 908-225-4774

Fax Phone 908-417-9076

Voice Mail 800-757-8255 Ext. 48795

REMARKS:

☐ Urgent x For your review x Reply ASAP ☐ Please comment

Dear Don,

Re: SIS#334410 King Vending and SIS#176640 Eisler & Co.

Attached is the paperwork you requested to initiate "Slim Price" in these two accounts.

Thanks a lot for your help,

Lanny

51849 4010

Source: https://www.industrydocuments.ucsf.edu/docs/grwy0000

PEER MEMBERSHIP AGREEMENT

DISTRIBUTOR NAME AND ADDRESS: EISLER AND CO. INC.
252 MAIN ST.
WEST ORANGE, N.J. 07052.

PHONE NUMBER: 201-736-0920 FAX NUMBER: 201-731-5187

CUSTOMER CONTACT: BUTCH EISLER

RJR CUSTOMER #: 176640 RJR CONTACT: LANNY WOLFE.

RJR WEEKLY VOLUME (ALL BRANDS): 30 ASSIGNED FORSYTH BRAND: SLIM PRICE

RETAIL STORES SERVICED: 240

GEOGRAPHIC AREA SERVICED: (Attach additional sheet if necessary)

COUNTY	STATE	COUNTY	STATE
ALL	N. J.		

ALLIANCE ACCRUAL AVAILABLE: _____
(FROM ORIGINAL PROGRAM)

AVERAGE WEEKLY VOLUME _____

AGREED TO INTRODUCTORY WORKPLAN: ☐ YES ☐ NO
(ATTACH APPROPRIATE ALLIANCE ORDER FORM)

PRODUCT ORDER FORM ATTACHED: ☐ YES ☐ NO

MERCHANDISING/POS ORDER FORM ATTACHED: ☐ YES ☐ NO

KICK-OFF PROGRAM START DATE: _____ END DATE: _____

BY SIGNING THIS FORM, THE UNDERSIGNED DISTRIBUTOR ACKNOWLEDGES THAT IF IT CEASES TO BE AN ACTIVE MEMBER OF PMA, IT WILL NOT BE ELIGIBLE TO PURCHASE THE ASSIGNED FORSYTH BRAND.

[signature] 1/31/97
CUSTOMER DATE

L. F. Wolfe 1/31/97
RJR DATE

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Source: https://www.industrydocuments.ucsf.edu/docs/gnwy0000

PEER ASSOCIATE MEMBER AGREEMENT FORM

By signing this form and subject to Peer approval, the undersigned distributor agrees to become an associate member of Peer Marketing Associates (Peer). As an associate member of Peer, the undersigned distributor is entitled to participate in the Forsyth Products / Peer Marketing cigarette program.

The undersigned distributor acknowledges that it is not entitled to participate, as an associate member, in any of the other Peer programs or rights granted full members other than the Forsyth Products / Peer Marketing cigarette program.

To become an Associate member, the undersigned distributor agrees to pay an initiation fee of $100 to Peer Marketing Associates (at the time this form is submitted) to cover the Peer's administrative costs. This form and payment should be mailed to Peer Marketing Associates; 16 Arcadian Avenue, Suite C 1; Paramus, New Jersey 07652; Attn: Associate Member Form.

X _____ 1/21/93

Customer Signature Date

EISLER AND CO. INC.

Distributor Name

252 MAIN ST.

Address

WEST ORANGE, N.J. 07052.

City and State Zip Code

201-736-0920

Phone Number

51849 4012

Source: https://www.industrydocuments.ucsf.edu/docs/grwy0000

FORSYTH TOBACCO PRODUCTS - PAYMENT REQUEST/CHANGE

TO: _____ FROM: LANNY WOLFE.

CUSTOMER SERVICE

BRAND: SLIM PRICE FIRST SHIP MO: FEB. 1997.

NAME: EISLER + CO.
ADDRESS: 252 MAIN ST.
WEST ORANGE, N.J.
07052.
ATTN: BUTCH EISLER.

MAIL CHECK TO: EISLER + CO.

DIVISION NO:

FOR HAND DELIVERY TO ACCOUNT

	ORIGINAL AS OF	REVISED AS OF	REVISED AS OF	REVISED AS OF	REVISED AS OF
LIST PRICE:	9.19				
MONTHLY PAYMENT PER CARTON:					
MONTHLY ACCRUAL PER CARTON:	.55				
( )					
OFF-INVOICE ALLOWANCE PER CARTON:	2.30				

DIRECT SHIP-TO LOCATIONS:

NEW *	DELETE *	SIS #	SHIP-TO

* - INDICATE IN PROPER COLUMN WHETHER ADDING OR DELETING DIRECT ACCOUNT

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Source: https://www.industrydocuments.ucsf.edu/docs/grwy0000

☐ NEW BRAND ☑ NEW ACCOUNT ☐ LINE EXTENSION

EISAIR & CO.

Forsyth/Field Sales Contact Person: LANNY WOLFE. Phone: 908-225-4774

Voice Mail: 48795

Customer Services Contact Person: _____ (Completed by Forsyth) Phone: _____ (Completed by Forsyth)

Brand Name: SLIM PRICE. (Completed by Forsyth)

Brand Styles indicated below are those currently manufactured - if style(s) not needed, mark out; if additional styles needed, check appropriate block (current styles will be filled out by Forsyth when Brand is determined).

☐ FF 85 ☐ LT 85 ☐ LT M 85 ☐ ULT 85 ☐ FF M 85 ☐ FF BOX ☐ FF M BOX ☐ LT 100 BOX

☐ FF 100 ☐ LT 100 ☐ LT M 100 ☐ ULT 100 ☐ FF M 100 ☐ LT BOX ☐ LT M BOX ☐ NON-FILTER

Do you expect this new brand to behave like any of the following brands?

☑ GPC ☐ BASIC ☑ MONARCH ☐ BEST VALUE ☐ _____ (Other)

Is the new brand replacing an existing brand? NO (brand being replaced)

Please note any other pertinent information that may aid in the forecasting process (e.g., comparable accounts, estimated share, pricing issues, etc.)

Are introductory promotions expected? ☐ YES ☐ NO If yes, attach promotions form from Forsyth Planning Guide.

TO BE FILLED OUT BY FORSYTH/CUSTOMER SERVICES

☐ Check here if a forecast is needed for all accounts currently purchasing the brand (for line extensions only), or provide account information in the spaces below.

Account Names:	Account Numbers:	# of Stores to receive brand:	Whse Name/Number:

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- When providing AIM data, Customer Services will pull 13 weeks of current information, when available.

Source: https://www.industrydocuments.ucsf.edu/docs/gnwy0000